



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800001

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALLIED VETS.OF WW II OF RANDOLPH INC. THE
DOING BUSINESS A

ADDRESS AMVETS LANE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: DOUCETTE,
KENNETH R.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENT/EXITS REAR. ENT/EXIT ON SECOND FLOOR VIA FIRE ESCAPE. ENT/EXIT ON
THIRD FLOOR VIA FIRE ESCAPE. 1ST FLR; KITCHEN, 2 OFFICES, LOUNGE, 3
TOILETS, GAME ROOM. 2ND FLR; MEETING ROOM, GAME ROOM, ADJ ROOM, TOILET. 3RD
FLR; MEETING AND STORAGE. CELLAR FOR STORAGE, KITCHEN, MEMBER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800002

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOMBARDO'S OF RANDOLPH INC.

DOING BUSINESS A

ADDRESS 6 BILLINGS ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: LOMBARDO,
VINCENT J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. FIRST FLR; DINNER THEATER ROOM, BANQUET ROOM, LIQUOR STORAGE ROOM, KITCHEN, OFFICE, COATROOMS, 2 TOILET ROOMS, ENTRANCE AND LOBBY. 2ND FLR; 3 FUNCTION ROOMS, 2 STORAGE ROOMS, KITCHEN, 2 TOILET ROOMS 2 BRIDAL ROOMS

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800004

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LYNWOOD CAFE INC.

DOING BUSINESS AS

ADDRESS 320 CENTER STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: KURLITIS,
FRANCIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, 2 ROOMS, ONE FOR SALES AND ONE FOR KITCHEN. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800005

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEAN CITY, INC.

DOING BUSINESS AS

ADDRESS 61 DIAUTO DR.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: CHIN, KEPING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ENTRANCE WAY, SERVICE BAR, KITCHEN IN REAR AND DINING AREA; 2
INGRESS/EGRESS WAYS IN FRONT OF PREMISES WITH HANDI- CAPPED RAMP ON RIGHT
SIDE OF INGRESS/EGRESS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800006

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DISABLED AMER.VETS.BLDG.CORP.

DOING BUSINESS A

ADDRESS 490 HIGH ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: Wells, Richard W

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR STRUCTURE, ASSEMBLY AREA AND BAR ON FIRST FLOOR. LADIES ROOM,
MENS ROOM AND KITCHEN IN CELLAR

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EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800009

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RANDOLPH COUNTRY CLUB INC.

DOING BUSINESS AS

ADDRESS 44 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: BAZILE, J.EDDY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800010

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOT YOUR AVERAGE JOE'S-RANDOLPH L.L.C.

DOING BUSINESS A

ADDRESS 014-16 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: LOVEJOY, LARRY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO DINING ROOMS, ONE LOUNGE, ONE KITCHEN.

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 100800012

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: O'DEE'S OF RANDOLPH INC.

DOING BUSINESS AS O'DONNELL'S RESTAURANT

ADDRESS 1048 NO. MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: O'DONNELL,
ROBERT K.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADD EXTERIOR DECK.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800014

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAPANTONIADIS RANDOLPH INC.

DOING BUSINESS AS STASH'S BAR & GRILL

ADDRESS 1160 NORTH MAIN

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: LOUIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

TASIOPOULOS

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800015

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RATTANA CORPORATION

DOING BUSINESS AS MALAI THAI CUISINE

ADDRESS 266 NORTH MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: BANTHOULIVONGTYPE OF LICENSE: Restaurant
BOUNTHAVY

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK BLDG WITH FULL BASEMENT; BLDG FRONT AND REAR EXITS,
DINING ROOM AND KITCHEN; BASEMENT CONSISTS OF WALK IN FREEZER

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800016

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAD BONVIE & ASSOCIATES, INC.

DOING BUSINESS AS HEARTH STONE/ EXCHANGE

ADDRESS 326 NORTH MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: BONVIE, TAD J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, SIDE AND REAR ENTRANCES

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800017

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MPG RANDOLPH LLC

DOING BUSINESS A PICCADILLY PUB RESTAURANT

ADDRESS 1064 NORTH MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: Fallon, Shawn

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FROM RANDOLPH PICCADILLY PUB INC.MGR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800018

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LASCALA RESTAURANT INC.

DOING BUSINESS AS ROBERT CAPARELLA

ADDRESS 1070 NORTH MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: CAPARELLA,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLRS: 1ST FL.: KITCHEN, DINING RMS, LOUNGE, BATHRMS, 2ND FL.: OFFICE, BASEMENT:
STORAGE. EXTERIOR DECK ON SOUTH SIDE OF RESTAURANT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800019

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROUTE 95 LIGHTS LLC

DOING BUSINESS AS FAT CACTUS RESTAURANT

ADDRESS 1374 NORTH MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: GREER II,
MATTHEW M.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 STORY INN. 36 RENTAL UNITS ON FIRST FLOOR. 41 ON 2ND AND 3RD FLRS. 42 ON 4TH.
BEVERAGES SOLD IN COCKTAIL LOUNGE, MEETING ROOMS, DINING ROOM, POOL DECK
AND RENTAL UNITS THE LATTER VIA ROOM SERVICE. ENTRANCE AND EXITS ON NO.
MAIN, CURTIS AND BILLINGS STS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800020

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LANTANA, LLC

DOING BUSINESS AS

ADDRESS 43 SCANLON DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: HART, PAUL C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLRS BASEMENT & STREET FLOOR; 1 BALLROOM ON MAIN FL. W/2 DIVIDERS,
COCKTAIL LOUNGE, OFFICE, COURTROOM, KITCHEN, LOBBY, BASEMENT ; LOBBY, 2
FUNCTION RMS, 3 BRIDAL RMS. MEN'S & LADIES RMS, LOUNGE & STORAGE. OUT- SIDE AT
THE FOUNTAIN AREA & SIDE ENTRANCES TO THE BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800021

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RANDOLPH LODGE #2130 OF THE B.P.O.E.OF ELKS

DOING BUSINESS A

ADDRESS 21 SCHOOL ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: TOWNE,
CYNTHIA G.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, SIX ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800023

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C & J CUISINE, INC.

DOING BUSINESS AS C & J CUISINE

ADDRESS 183 SO. MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: ZHING, BIYUN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT, FIRST AND SECOND FLR. KITCHEN, 2 DINING ROOM LOUNGE, LADIES AND MENS ROOMS, 2 SIDE ENTRANCES TO KITCHEN AND PREMISES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800034

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH ARTERY LIQUORS, INC.

DOING BUSINESS AS COLONIAL SHOP & SAVE

ADDRESS 907 NORTH ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: HALL, ROBERT J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORE, ONE ROOM, SELLING AREA. CELLAR FOR STORAGE. ONE ENTRANCE AND
EXIT ONTO NORTH ST. ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800036

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JODAN LIQUORS INC.

DOING BUSINESS AS RANDOLPH PACKAGE STORE

ADDRESS 42-54 N. MAIN ST.

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: FERNANDEZ,
DANIEL A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT AND REAR ENTRANCE AND EXITS. TWO FLOORS. UPPER FLOORS, UPPER FOR
BOTTLE RETURNS. LOWER FOR SALES AND STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800037

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DHURVA & DIL CORPORATION

DOING BUSINESS AS CROVO'S LIQUORS

ADDRESS 338 NORTH MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: PATEL, PRAKASH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
P.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR ENTRANCE FRONT AND REAR; SIDE ENTRANCE FOR RECEIVING ONLY.
CELLAR USED FOR STORAGE ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800038

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P.F.B., INC.

DOING BUSINESS AS CAFFE BELLA

ADDRESS 19 WARREN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: BARNES,
PATRICK F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1750 SQ FT OF DINING SPACE INCLUDING 500 SQ FT OF KITCHEN SPACE. 2 ENTRANCES
AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800043

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J. D., INC.

DOING BUSINESS AS ROCCO'S TAVERN

ADDRESS 0007-9 SHORT ST

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: FEDERICO, PAUL TYPE OF LICENSE: Restaurant
DI

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

one story building, two egresses, one in front of building and one in rear. Exterior deck for beverage consumption

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800046

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA, LLC

DOING BUSINESS AS

ADDRESS 45 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800048

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LT JOHN D. CRAWFORD VETERANS ASSOCIATION, INC

DOING BUSINESS AS

ADDRESS 10 HIGHLAND AVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: Chobanian, Mark

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, THREE ROOMS, ONE EXIT ON HIGHLAND AVE AND THREE IN REAR OF BLDG, STORAGE AREA IN REAR OF BLDG, ONE ROOM ADDITION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800049

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RSD GROUP, INC.

DOING BUSINESS AS RICK'S CAFE & PIZZERIA

ADDRESS 63 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: DOHERTY,
RICHARD S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8830 sq ft within a commercial plaza. Dining area, lounge, coffee shop, small meeting/function room and kitchen prep area. Main entrance and additional exits in dining area and kitchen. Adding forty seats for outdoor dining/beverage service

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800050

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LINH LIQUORS, INC.

DOING BUSINESS AS NORTH RANDOLPH PLAZA LIQUORS

ADDRESS 1165 NORTH MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: HUYNH,
KIMBERLY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800052

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PKB, INC

DOING BUSINESS A MONTI'S VARIETY STORE

ADDRESS 2 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

MADHUBEN R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800054

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP.

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 55 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: WILSON, JOSHUA TYPE OF LICENSE: Restaurant
S.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY, 8,000 SQ. FT., ONE KITCHEN, ONE MAIN ENTRANCE, ONE DELIVERY
ENTRANCE, TWO ADDITIONAL SIDE ENTERANCES/EXITS; ONE BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800055

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PADMAVATI, INC.

DOING BUSINESS AS THE CORNER MARKET

ADDRESS 1065 NORTH MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: MEHTA,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

MAYURIKA M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800056

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRIMURTI CORPORATION

DOING BUSINESS AS JAY'S MARKET

ADDRESS 398 SOUTH MAIN ST

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: NAIK,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

BHUPENDRA G

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FOR RETAIL SALES AND SMALL BACK ROOM FOR STORAGE AND A CELLAR HOUSING A FURNACE. THE PREMISES ARE DEPICTED ON THE PLAN FILED WITH THE APP. _____

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800057

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUM LEI LOI, INC

DOING BUSINESS AS CHINA CHEF

ADDRESS 0006-8 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: CHEN, SHI QUN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PART OF STRIP MALL LOCATED ON THE FIRST FLOOR AND IS APPROX 38X58 WITH TWO MEANS OF EGRESS/ACCESS AT BOTH FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800058

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TONY TUAN DO

DOING BUSINESS A PHO SO I BOSTON

ADDRESS 51 MEMORIAL PARKWAY

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: TONY TUAN DO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES IN SHAW'S SHOPPING PLAZA. IT CAN SEAT APPROX 60 PEOPLE. IT HAS ONE FRONT DOOR AND ONE BACK DOOR, WHICH LEADS TO DIAUTO DRIVE.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800062

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAI ENTERTAINMENT HOLDINGS LLC

DOING BUSINESS AS SHOWCASE CINEMA

ADDRESS 73 MAZZEO DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: HAMMOND,
SHANNON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION OF TWO AUDITORIUMS 12 & 13 AND LOWER MEZZANINE CONCESSION AREA
WITHIN LARGE CINEMA COMPLEX. AFFECTED SEATING AREAS WOULD BE SERVICED BY
DEDICATED WAITSTAFF. FRONT AND REAR ACCESS/EGRESS WITHIN EACH AUDITORIUM.

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800063

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BON VIVANT WINE COMPANY INC.

DOING BUSINESS A

ADDRESS 1395 NO. MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: BROWNE,
STEPHANIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3100 SQ. FT. OF SPACE, 15500 RETAIL, 1600 STORAGE WITH HANDICAPPED EQUIPPED
BATHROOM AND WALK IN COOLER

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800064

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERA CRUZ BUILDING ASSOCIATION, INC

DOING BUSINESS AS

ADDRESS 25 TEED DRIVE

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: LANE, MICHAEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2FLOORS; 1ST FLR: MEETING ROOM PLUS THREE ROOMS, OFFICE STORAGE AND MECHANICAL. 2 FLR; MAIN HALL, BAR, LOUNGE, KITCHEN, FOYER, ENTRANCE AND EXITS FRONT, REAR AND SIDE

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800065

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAWSHON B&W ,INC.

DOING BUSINESS A RICHDALE CONVENIENCE STORE

ADDRESS 22 SOUTH MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: ALAM, SUNNY A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL SPACE CONSISTING OF APPRIX.2,500 SQ. FT. IN EXISTING BRICK AND BLOCK
COMMERCIAL STRIP MALL. PREMISES IS SINGLE STORY EITH ACCESS/ EGRESS AT BOTH
FRONT AND REAR.

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DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 100800066

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 1395 BEER WINE INC.

DOING BUSINESS A RICHDALE FOOD SHOPS

ADDRESS 1395 NORTH MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: RASHID, HARUN
UR

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

375 SQ. FT. WITHIN CONVENIENCE STORE LOCATED IN MULTI UNIT BLOCK AND GLASS
COMMERCIAL PROPERTY...STORE IS SINGLE STORY AND HAS ACCESS/EGRESS DOORS
AT FRONT AND REAR...

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LICENSE NUMBER: 100800067

CITY OR TOWN RANDOLPH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 1050 N MAIN GROUP LLC

DOING BUSINESS AS THE LODGE RESTAURANT & GRILL

ADDRESS 1064 NORTH MAIN STREET

CITY/TOWN: RANDOLPH

STATE: MA

ZIP CODE: 02368

MANAGER: HAWLE, ADAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT AND BAR OPERATING ONE STORY BUILDING KITCHEN IN REAR,
BASEMENT STORAGE. OCCUPANCY NUMBER 180 SEATING 125

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